

Birth -
This is much better
than earlier
issues were

Mental Health Newsletter

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DEPARTMENT OF PUBLIC WELFARE
St. Paul 1, Minnesota

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Editorially Speaking

One of the interesting side results of the dispute over medical versus non-medical administration has been the hint that psychiatry may be approaching its problems under a multiple standard.

For example, our first appointment of a hospital administrator as chief executive was in the fall of 1960 at the Brainerd State School and Hospital for the mentally retarded. This caused little stir at the time. When active plans were underway for the acquisition of Glen Lake Sanatorium to provide nursing and rehabilitation services for aged patients released from mental hospitals, it was clear and acceptable from the first that the chief executive would be a hospital administrator. And yet the decision to appoint hospital administrators to manage hospitals for the mentally ill has become a "burning issue."

Does this mean that we are dealing with some curious class structure? In this instance, that it is permissible to relegate the mentally retarded and the senile to "laymen" whereas the mentally ill are of another order? Anyone who has worked seriously with retarded or senile patients is aware that the same principles of environmental therapy apply.

The difficulty of recruiting psychiatrists into these fields is relevant here. In part it stems from the misconception that there is no therapeutic gratification to be obtained. There is a suggestion, however, of something analogous to a second class citizenship status. Some of the same forces appear to be at work which render hospital psychiatry less prestigious than community psychiatry, or for that matter psychiatry itself less prestigious than other medical specialties. Rettig in his studies has devised the term "association with deviancy" to describe this effect.

One sees the class phenomenon in residency programs, where competition may develop over "interesting" and "productive" patients. There has been insufficient study of the "desirable" patient, and the sociological determinants by which patients are selected or rejected as "unworkable", "unable to benefit any longer from treatment," etc.

The report of the Joint Commission on Mental Illness and Health raises the same question of a double standard. It proposes acute treatment hospitals which must be run by psychiatrists and chronic hospitals which may be run by a non-medical administrator. Are the milieu requirements for an "acute" patient different in quality from those for the "chronic" patient?

Hospitals themselves, in attempting to clarify and sharpen their programs, may go to considerable effort to exclude or discharge sociopaths, mental defectives, seniles, inadequate personalities and others who do not fit into classical definitions of psychosis or neurosis. There can be no quarrel with this if the aim is specialization or refinement of function. We should, however, be on guard lest we ourselves end up participating in what the Joint Commission report calls the "circle of rejection".

David J. Vail, M.D.
Medical Director



Names in the News

Making a return visit to Washington on March 24th as a consultant to the President's Panel on Mental Retardation will be *Miss Frances Coakley*, DPW's supervisor, section for the mentally retarded. On February 27-28, Miss Coakley met with the task force on prevention, clinical and residential services; the March 24 meeting is scheduled with the sub-committee studying law and public awareness.

Dr. Gerald B. Fuller of Michigan has assumed the director of research position at Willmar State Hospital. A clinical psychologist, Dr. Fuller was a staff member of the Hawthorne Center, Northfield, Michigan before coming to Willmar.

Another Michigan man, psychiatrist *Paul R. Stimson*, M.D., joined the staff of the South Central Mental Health Center, Owatonna, last month. Dr. Stimson has been program director of the Lansing Mental Health Center since its inception in 1953.

"*Helping Hands*," a 25 minute color film of volunteer activities at the Brainerd State School and Hospital was released recently and previewed at the March meeting of the Brainerd Volunteer Council.

Member of the 3-man faculty for the State Department of Health's conference on psychiatric nursing March 29-30 will be DPW's Medical Director *Dr. David J. Vail*.

Theme of the conference is "Toward Therapeutic Care: A Guide for those who Work with the Mentally Ill," the report of the Group for the Advancement of Psychiatry.

Among Minnesotans participating in the 39th annual meeting of the American Orthopsychiatric Association in Los Angeles March 21-24 will be *Dr. Richard E. Bartman*, DPW's director of children's mental health services and *Dr. Herbert Dorken*, program director, Range Community Mental Health Center.

Latest addition to the DPW central office staff is *Bernard Vogelgesang*, new consultant on community organization, section for the mentally retarded. Mr. Vogelgesang's background includes experience in the domestic relations, welfare and correction fields.

Returning to Minnesota to participate in the 69th annual Minnesota Welfare Conference March 18-21 in Minneapolis were *Dr. Dale C. Cameron*, Assistant Superintendent, St. Elizabeth's Hospital, Washington, D.C. (and former DPW medical director), and *Dr. Herman B. Snow*, director of St. Lawrence State Hospital, Ogdensburg, N. Y.

Appointed this month to the National Association for Mental Health's Advisory Council on Volunteer Services was *Mrs. Miriam Karlins*, DPW's director of mental health information and volunteer services.

Inter-agency Approach to Children's Services Begins

Meeting monthly to discuss and outline a coordinated approach to meeting the needs of children both within and outside of state institutions are administrators and program heads from the State Department of Welfare, Education and Correction and the University of Minnesota. The third meeting of the newly organized committee is scheduled for March 26.

Originally called together to exchange information about children's programs and residential institutions in the state, the committee's concern has now focused on coordinated planning to meeting the needs of all "exceptional" children - the retarded, emotionally ill, delinquent, crippled, neurologically handicapped and those from broken homes.

One of the early interests of the committee has been in the possibility of establishing regional comprehensive evaluation centers for children. The proposed centers would provide the same range of services as does the Four County Project at Fergus Falls, yet extend these to include all handicapping conditions.

Members of the 10-man committee include DPW's *Dr. Richard Bartman*, chairman and director of children's mental health services, *Miss Frances Coakley*, supervisor, section for the mentally retarded, *Leo Feider*, director of division of rehabilitative services, *Dr. Mildred Norval*, director of Crippled Children's Services, *James O'Keefe*, services for the blind, *Roberta Rindfleisch*, director, division of child welfare; *Curtis Gibson*, Department of Corrections; *Ellsworth Stenswick*, Department of Special Education; *Dr. Reynold Jensen*, director, and *Dr. Paul Bransford*, division of child psychiatry, University of Minnesota.

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Research Study of Annex's Program, Releasees Starts

A joint research project under the direction of the State Departments of Welfare and Corrections will get actively underway next month, with a follow-up study of discharged individuals from the Annex for Defective Delinquents at the St. Cloud Reformatory.

In part, the study will be an evaluation of the Annex rehabilitation program, considered by many to be one of the outstanding in the nation. In subsequent phases, investigators will also attempt to isolate and define those aspects of the treatment program which contribute to successful rehabilitation.

Involved in the follow-up study will be approximately 30 men from the Annex and a matched control group from the Reformatory. Subjects will be matched on basis of intellect, age, social and cultural backgrounds.

Investigators in the preliminary study are *Dr. Nathan Mandel*, director of research, and *Miss Beverly Collins*, research analyst, of the Department of Corrections; and DPW's *Dr. Howard R. Davis*, chief of psychology and research coordinator, and *Miss Frances M. Coakley*, supervisor of the section for the mentally retarded.

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MARCH, 1962



Robert N. Barr, M.D.
Executive Officer
State Board of Health

Dear Dr. Barr:

With this issue, Mental Health Progress bows out of the mental health education field. For the past 12 years the Minnesota Department of Health has produced this publication as part of a mental health education program conducted by your department and financed with federal funds provided through the Division of Medical Services, Minnesota Department of Public Welfare.

It is hardly necessary to point out that the success of Mental Health Progress has been noteworthy. Since the first issue in March, 1950, it has made an impact on educational efforts to keep people informed on progress and developments in Minnesota's mental health field. Its circulation has grown to more than 4,000 and it has earned a fine reputation not only in Minnesota, but nationally.

Your readers will, quite naturally, be interested in the reason for cessation of publication.

The Division of Medical Services, Department of Public Welfare, also has been conducting a mental health education program. In the past, this was mainly concerned with interpreting the treatment program in Minnesota's state hospitals for the mentally ill and mentally retarded. However, in recent years, this program has changed somewhat and expanded, largely because of the Division's growing community mental health programs (from two community mental health centers in 1957 to 16 today), and the change in emphasis from hospital-centered to hospital-community-centered treatment programs. In addition, our Community Mental Health Centers also have a responsibility for conducting mental health education programs. It has become increasingly obvious that integration of the two separate education programs, with operation within a single unit, would be beneficial and result in better coordination, planning and implementation. For this reason, it was mutually agreed that starting July 1, 1962, the mental health education program will be centered in the Division of Medical Services, D.P.W.

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DEPARTMENT OF CORRECTIONS	STATE OFFICE BUILDING	ST. PAUL
DEPARTMENT OF EDUCATION	CENTENNIAL BUILDING	ST. PAUL
DEPARTMENT OF HEALTH	UNIVERSITY OF MINNESOTA CAMPUS	MINNEAPOLIS
DEPARTMENT OF PUBLIC WELFARE	CENTENNIAL BUILDING	ST. PAUL

The matter of the future of Mental Health Progress was one of real concern. After several discussions between your staff and ours, it was decided to cease publication. One of the principal deterrents to our continuing Mental Health Progress is the fact that we are publishing our own monthly: Mental Health Newsletter, and cannot spare the staff required for two publications. It is our hope, however, that our publication may be expanded and improved, and perhaps serve to fill, at least partially, any void left by the absence of Mental Health Progress.

To those readers of Mental Health Progress who so desire, and who are not now receiving the Mental Health Newsletter, a cordial invitation is extended to join our readership. A postcard or letter so signifying will suffice. Such requests should be addressed to: Mental Health Information Section, Division of Medical Services, Minnesota Department of Public Welfare, Centennial Building, St. Paul, Minn.

On behalf of our Division of Medical Services, as well as the entire Department of Public Welfare, I wish to commend you and members of your staff for the fine job you have done, not only with Mental Health Progress, but with all other aspects of the mental health education program for which you assumed responsibility. You have made a real contribution to the cause in Minnesota. Our gratitude, in particular, to Mrs. Marie Ford, the guiding light of Mental Health Progress; and to Miss Genevieve Damkroger, for her fine overall effort in conducting the mental health education program for your agency.

Very sincerely yours,

David J. Vail, M.D.
Director
Division of Medical Services
Minnesota Department of Public Welfare

HEALTH DEPARTMENT EXPANDS ALCOHOL EDUCATION PROGRAM

A comprehensive statewide program of alcohol education aimed at the prevention and control of alcoholism has been

approved by the Minnesota Advisory Board on Problems of Alcoholism. Projects to be carried out through the state department of health include:

Programs for teachers. Short noncredit courses and regional conferences will give teachers an opportunity to learn basic information about alcoholism and materials and methods in alcohol education. Programs also will be designed for college instructors who are training future teachers and for public school curriculum coordinators. Intensive two-week summer courses will be offered for academic credit at one or more state colleges.

Conferences for professional groups. Meetings will be held for physicians, lawyers, clergymen, and nurses on the treatment of alcoholism.

Industrial seminars. Regional and local sessions on alcoholism in industry will be held to determine an approach to an organized program. Materials

will be prepared and distributed for use in industrial programs.

Consultation and public education. Assistance in the development of alcohol education programs is available to teachers and study groups. An extensive program of public education will include public meetings and the establishment of community information centers. Literature on alcoholism and the alcoholic will be distributed upon request.

Research and studies. The extent of the alcoholism problem in Minnesota will be studied as well as methods and facilities for care and rehabilitation.

The state health department's program is under the direction of Genevieve Damkroger, recently named consultant on alcoholism. Since 1956, she had been mental health consultant for the department. Members of the Minnesota Advisory Board on Problems of Alcoholism are: Raymond W. Schoenrock Jr., chairman, St. Paul; J. S. Hopponen, Fergus Falls; Martin Lampi, Annandale; William McKenna, Sandstone; Dr. Walter P. Gardner and Charles L. Rafferty, St. Paul; and Mary Laddy, Rev. Forrest L. Richeson, and Stewart W. Rider Jr., all of Minneapolis.

RESEARCHERS STUDY SCHOOL DROP-OUTS AND DELINQUENCY

Why do youngsters drop out of high school before graduation? Are these drop-outs the same children who later get into trouble? Some answers to these questions are provided by a long-term study of more than 11,000 Minnesota school children.

Dr. Starke R. Hathaway, director of clinical psychology, and Dr. Elio Monachesi, chairman of the sociology department, both from the University of Minnesota, began collection of data in 1954. A total of 11,239 students aged 14 and 15 in 92 schools in 86 Minnesota communities were included in the study. Findings confirm those of a study of 4,000 Minneapolis ninth graders initiated in 1947-48.

Over-all rate of drop-out in the 1954 statewide sample was 15 per cent for boys and 14 per cent for girls. Among the 824 boys who quit school before graduation, the major factor was judged to be lack of interest for 33 per cent, military service for 24 per cent, and work for 14 per cent.

Failure in school accounted for 12 per cent of drop-outs among boys, marriage for three per cent, and miscellaneous factors such as poor health or institutionalization for 14 per cent. (Undoubtedly, many drop-outs for military service and work also resulted from lack of interest, according to Drs. Hathaway and Monachesi.)

Among the 671 girls dropping out of school, the major reason was marriage or illegitimate pregnancy (53%). Lack of interest was given as the reason for 21 per cent, work for nine per cent, school failure for five per cent, military service for one per cent, and miscellaneous factors for 11 per cent.

Socioeconomic status and drop-out rate were found to be related, with a steady increase in drop-out occurring with decrease in socioeconomic status. The drop-out rate for children from day laborer homes was seven times that of children from professional homes. (Even in the professional group, however, the drop-out rate was as high as five per cent.)

There was no significant difference in drop-out rates for girls according to rural, suburban, or urban residence. But the rate for boys living on farms was higher and they tended to drop out of school earlier than those living in the city or suburbs.

For the statewide sample of more than 11,000 children, 65 per cent of the boys and 90 per cent of the girls had no record of delinquency at follow-up, when most were about 18 years of age. One in four boys and one in 16 girls had committed at least one minor offense such as destruction of property or one or more traffic offenses. Twenty-four per thou-

sand boys and seven per thousand girls had been involved in repeated offenses indicating a well-established pattern of delinquency.

About one-third of delinquent boys and one-half of delinquent girls left high school before graduation. Data from the Minnesota Multiphasic Personality Inventory (MMPI) tests indicated, however, that generally there are different relationships between personality and delinquency than between personality and school drop-out.

An important exception was the association of a high masculinity score for boys on the MMPI with both drop-out and delinquency. Such masculinity is characterized by greater aggressiveness and a stronger interest in everyday activities than in books and study. The boys getting high masculinity scores also tended to get bad behavior ratings from teachers. These findings might indicate that greater efforts are needed to offer acceptable outlets in school and community programs for boys who are high in masculine interests.

Among nonpersonality factors, marital status of parents was related to both delinquency and drop-out. More than one-third of boys from broken homes were drop-outs, compared with 18 per cent for those from intact families. Delinquency rates were 37 per cent and 23 per cent respectively.

Delinquency rates were lower for farm than for city or suburban residents. Rural rates were one-third lower than expected, while urban and suburban rates were one-third higher.

Boys who were delinquent did poorly in school, despite the lack of a marked association between delinquency rate and intelligence test scores. For girls, higher delinquency rates were consistently associated with lower intelligence and poor high school rank.

Those youngsters who get into trouble have personalities predominantly characterized as non-conformist, extrapunitive, unpredictable, self-indulgent, envious, and deceitful. They give up easily when frustrated. Social factors common among the delinquency-prone include: disease, poverty, mental illness, and immorality in the family environment.

If a youngster has good home surroundings, chances are less that he will get into trouble, regardless of his personality profile. Nevertheless, even boys from good homes and of high socioeconomic status are delinquent at a significant rate. And some well-behaved and happy children emerge from what appear to be environments, family backgrounds, and personality test patterns identical to those of children who become delinquent. On the whole, most children are and remain good citizens.



A two-year grant of \$149,845 from the President's Committee on Juvenile Delinquency to the Community Health and Welfare Council of Hennepin County will finance the planning-study stage of a delinquency prevention and youth development project for the City of Minneapolis. The project will focus on two areas with the highest delinquency rates. Maximum coordination of public and private services to control and prevent delinquency will be sought in development of a comprehensive plan. Planning director is **Larry Harris**; research director is **Dr. Robert E. Wirt**, professor of psychology, University of Minnesota. A 26-member committee representative of community agencies interested in youth services will give direction to planning during the two-year period. Chairman is **Alan Moore**, vice-president of the Community Health and Welfare Council...

On the program at the annual meeting of the National Council on Family Relations at the University of Connecticut August 22-24 will be the following Minnesotans: **Ruth Jewson**, executive officer of the national council; and **Vance Jewson**, bureau of student loans and scholarships; **Dr. Gerhard Neubeck**, chairman of the family life program; and **Dr. Murray A. Straus**, chairman of the division of home management and family living, all from the University of Minnesota...

"Meeting the Needs of Today's Family" will be the theme of a series of classes to be given by **Dr. Wayne J. Anderson**, associate professor of family living, University of Minnesota, under sponsorship of the Greater Minneapolis Council of Churches. The six weekly sessions, beginning September 25, are intended for ministers, youth directors, and parents. Persons interested in attending should contact **Gerald Fahrenholz** at the council offices (Phone: 332-2571)...

Bernard Nash, special consultant on aging in the state department of public welfare, is resigning to become assistant professor and director of the Center for Community Development at the University of Missouri, Columbia, effective July 1...

Recently appointed mental health program consultant with the state department of public welfare is **Fred R. Hodoval**. He replaces **Elaine Parent**, who resigned to do graduate work at the University of Minnesota. New mental health information specialist with the department is **Brendan J. Connelly**...

Reading lists on the following subjects are available through the National Institute of Mental Health, Bethesda, Maryland: Reference Guide #1-Mental Health for Parent and Child; #2-Mental Health for Teachers and Pupils; #3-Introductory Readings in Mental

Health; #4-Community Mental Health; #5-The Mentally Ill: Their Care, Treatment, and Rehabilitation...

Minneapolis Family and Children's Service is participating in a nationwide Ford Foundation project to stimulate and strengthen counseling services for older people. Staff members will meet with representatives from 39 other agencies throughout the country for training seminars and consultation...

Two recent graduates of the University of Minnesota school of social work have been appointed to positions with the state department of corrections: **Robert Bergherr**, superintendent of Thistledeu Youth Forestry Camp north of Hibbing, and **Miss Tai Shigaki**, assistant superintendent at the Shakopee Reformatory for Women...

Participating in a British-American exchange program will be **Catherine Woodard**, juvenile probation division, Hennepin County Department of Court Services. Effective September 1, Miss Woodard will spend a year working in the probation service at Margate, Kent. Her British counterpart, **Daphne Mary Scarr** will work in Minneapolis...

Named chief of medical staff, Willmar State Hospital, is **Dr. Paul L. Dunstan**, clinical director of the West Central Mental Health Center, Willmar. He will continue in the latter post while serving at the state hospital for 1962-63 or until a full-time medical director is appointed...

increasing requests from the home extension groups for information on mental health in Minnesota, says Charles Martin, family life specialist with the Agricultural Extension Service. The department of public welfare was approached and a cooperative venture developed: public welfare supplies all materials except a leader outline, which is prepared by the extension service; the extension service lists the material among its "on-your-own" program offerings and supplies kits to county extension offices on request. Working with Mr. Martin on the project has been Elaine Parent, mental health consultant, state department of public welfare.

Total membership in the extension home program in Minnesota exceeds 47,000; groups consist of eight to 15 persons. Throughout the state, 60 home agents working out of county extension offices give guidance to these homemakers and provide other educational services to individuals and the community.

Early in the extension home program movement, subject matter was limited mainly to food, clothing, home management, and home furnishings. Child care and training, another basic area of concern, has gradually expanded to include family life, child de-

velopment, and mental health, explains Dorothy Simmons, state leader of home economics extension. Headquarters for the home extension program, and for the Agricultural Extension Service, is on the St. Paul campus of the University of Minnesota.

Many extension groups participate in the program of their local state hospital in some way. For example, more than 25 homemaker groups in the Fergus Falls State Hospital receiving area have "adopted" patients by writing to them, remembering their birthdays, sending spending money, and visiting whenever possible. Groups frequently tour a hospital to gain a better understanding of the institutional program and how they can help. Interest stimulated by the study packets often is a factor in initiation of such activities.

Community groups that are not a part of the extension program may obtain sets of the materials described by writing to: Mental Health Information Service, Minnesota Department of Public Welfare, Centennial Building, St. Paul 1. Distribution of one copy of New Vistas for the Mentally Retarded to each association for retarded children in the state is under way.

PLAN WORKSHOP ON SEVERELY DISTURBED BLIND CHILDREN

Potentialities and problems of severely disturbed blind children will be the topic of a workshop scheduled for July 9 to

August 3 at the University of Minnesota. The four-week session is designed for persons whose work involves evaluating blind children with serious emotional or behavioral problems or developing programs to serve such children.

This is the first workshop to be held in Minnesota on the combined problems of emotional disturbance and blindness. Indeed, throughout the United States, consideration of the interrelationships of associated physical and emotional handicaps is a relatively recent development.

Enrollment for the session will be limited to 20 persons—administrators, psychologists, teachers, and social workers. Participants will be selected on a nationwide basis, with about one-third probably being from the Midwest. The session carries six quarter credits in educational psychology. Scholarships of \$150 each will be available.

Sponsoring and financing the workshop is the American Foundation for the Blind, New York, in cooperation with the University of Minnesota. Coordinator is Pauline Moor, program specialist in education for the foundation.

Visiting staff will include: Dr. Warren M. Brodey, consulting psychiatrist, The Pilot School for Blind

Children, Inc., Washington, D.C.; Dr. Jane Hallenbeck, psychiatrist, Concord, Massachusetts; and Miriam Norris, consultant, Leisure Time Services for Handicapped Children, Welfare Council of Metropolitan Chicago. There also will be participating faculty from the University of Minnesota and University Hospitals.

Among the subjects considered will be the nature of the problem of the disturbed blind child. Emotional disturbance alone presents many difficulties in treatment; these are compounded by the associated existence of blindness. And, in some cases, an intellectually normal child may be thought to be mentally retarded because of behavior basically resulting from the visual handicap.

Also to be discussed are the types of therapy generally helpful with disturbed blind children, including psychotherapy for the child and casework service to the parents. The emphasis in consideration of educational planning will be on use of resources related to the problem.

Case studies and laboratory observations of severely disturbed blind children will supplement discussions. A field trip to one of the state institutions serving children who are both mentally retarded and blind is planned.

Persons interested in attending the workshop should contact Jeanne Kenmore, instructor of special education, 15-A Pattee Hall, University of Minnesota, Minneapolis 14.

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Minnesota Department of Health
University of Minnesota Campus
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A training institute in family life education for school nurses and counselors will be held May 23-26 at Cragun's, Gull Lake. Sponsoring the workshop, devoted to methods and concepts encompassing the family life cycle, is the state health department. Among the faculty will be Mr. and Mrs. David Treat of the Clara Elizabeth Fund for Maternal Health, Flint, Michigan, and Dr. Wayne J. Anderson, associate professor of family living, University of Minnesota. Attendance is limited to 85 persons. Costs other than transportation and a \$5 registration fee will be covered by a grant from the U.S. Children's Bureau. For further information, contact: Section of Maternal and Child Health, Minnesota Department of Health, University Campus, Minneapolis 14...

Exploring the Brain of Man gives concise background information on neurological and sensory disorders such as strokes, mental retardation, and cerebral palsy and describes how medical research works for prevention and cures. The 30-page booklet is available from: Dr. A. B. Baker, chairman, National Committee for Research in Neurological Disorders, University of Minnesota, Minneapolis 14...

Scheduled to join the staff of the Range Mental Health Center, Virginia, on April 1 is social worker **Willis G. Swanson**, currently director, domestic relations and intake, Ramsey county welfare department. The appointment of Dr. **William F. Hunter**, psychologist, now director of special education, Wheaton, Illinois, begins July 1...

Conducting a series of three one-day in-service training institutes for staff of the state department of corrections and county probation offices is **Beulah Compton**, assistant professor of social work, University of Minnesota. The sessions will be given at each of three regional centers—Brainerd, Mankato, and St. Paul—extending from January through May. Their purpose is to explore the application of family-centered casework in the correctional setting...

Named director of special education, Minnesota Department of Education, is **Ellsworth Stenswick**. Mr. Stenswick joined the special education staff in 1958 and most recently was assistant director...

Recently published by the University of Minnesota Press is The Physician's Guide to the MMPI. Authors are Dr. **Patricia K. Good**, Minneapolis clinical psychologist, and Dr. **John P. Brantner**, assistant professor of clinical psychology, University of Minnesota. The 70-page book is intended as a brief introduction to the use and interpretation of the multiphasic personality test, with special emphasis on problems found in medical practice. (Price: \$1.85)...

New president of the Minnesota Association of Child Caring Institutions is **James C. Noonan**, superintendent, Woodview Detention Home, St. Paul...

Physical and mental health will be among the topics discussed at the eighth Governor's Conference on Children and Youth in relation to the meeting's theme: youth employment and training. Sessions will be held at the Leamington Hotel, Minneapolis, April 23 and 24. Program chairman is **Eugene Burns**, director, delinquency control training project, University of Minnesota...

Appearing before the President's Panel on Mental Retardation in Washington, D.C., on March 6 is **Wayne L. Larson**, associate director of the Four-County Project for Retarded Children. The project, with headquarters in Fergus Falls, is designed to stimulate community interest in the development of facilities and services in rural areas to meet the needs of retarded children. It is sponsored by the state departments of health and public welfare and financed by a grant from the U.S. Children's Bureau. The counties involved are Becker, Clay, Otter Tail, and Wilkin. Also appearing before the panel is **Gordon Christian**, executive director of the Minneapolis Association for Retarded Children...